

Case Number:	CM15-0095188		
Date Assigned:	05/21/2015	Date of Injury:	06/22/1996
Decision Date:	07/01/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/18/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented 46-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 22, 1996. In a Utilization Review report dated May 15, 2015, the claims administrator failed to approve a request for quarterly urine drug testing. The claims administrator referenced a RFA form received on May 12, 2015 in its determination, along with an associate progress note of April 30, 2015. The applicant's attorney subsequently appealed. In a RFA form dated May 1, 2015, 60 tablets of Nucynta and quarterly urine drug testing were sought. In an associate progress note dated April 30, 2015, handwritten, difficult to follow, not entirely legible, the applicant reported ongoing complaints of low back pain. Epidural steroid injection therapy, Nucynta, and urine drug testing were endorsed. The applicant had been deemed "disabled," it was reported. The applicant's complete medication list was not attached. It was not stated when the applicant was last tested.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Urine toxicology 1 every 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Pain (Chronic), Urine drug testing (UDT).

Decision rationale: No, the request for urine toxicology testing/urine drug testing every three months was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing, and attempt to categorized applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, the applicant's complete medication list was not seemingly attached to the April 30, 2015 progress note. It was not stated when the applicant was last tested. The attending provider neither signaled his intention to eschew confirmatory testing nor signaled his intention to conform to the best practices of the United States Department of Transportation (DOT) when performing testing. There was no attempt made to categorize the patient into higher or lower risk categories here so as to support the quarterly testing at issue. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.